

UnitedHealthcare Community Plan of Louisiana, Inc.	DEPARTMENT: Clinical Operations – Behavioral Health
	LINE OF BUSINESS: UHC C&S Louisiana
POLICY TITLE: Certification of Need for Psychiatric Residential Treatment Facilities	POLICY NUMBER:
EFFECTIVE DATE:	PAGE: Page 1 of 6
REVIEW DATE: <u>01/26/2022</u> <u>12/20/2022</u>	REVISION DATE: <u>12/20/2022</u>
REPLACES POLICY# / DATED:	AUTHORIZED BY: <u>SUBJECT TO STATE APPROVAL</u>

I SCOPE:

This policy applies to members whose benefit coverage is provided through the Louisiana Medicaid plan and whose behavioral/mental health benefits are managed by UnitedHealthcare Community Plan of Louisiana and its behavioral health (BH) affiliate, Optum Behavioral Health Solutions (United Behavioral Health), hereinafter referred to as (UHCCP LA).

II PURPOSE:

This policy reflects the requirements governing the certification of need (CON) for ~~p~~Psychiatric Residential Treatment Facilities (PRTFs) as described in the Medicaid Managed Care Organization eContract between the State of Louisiana Department of Health Bureau of Health Services Financing and Hospitals(LDH) and UnitedHealthcare of Louisiana (hereinafter referred to as the Contract), regulatory requirements of the State of Louisiana, the Medicaid State Plan and waivers, and the court-ordered requirements of Chisholm v. Gee and Wells v. Gee.

Please refer to separate procedural type documentation to review details regarding processes in how the requirements outlined within this policy are met. as well as for monitoring reports, analysis documentation, actions taken to demonstrate compliance, etc.

III DEFINITION(S):

See the Optum BH Government National Policy, *Medicaid and CHIP Managed Care – Policy Definitions List*.

See also the Optum BH All Lines of Business National Policy, *National Policy Definitions List*.

IV POLICY¹:

A When an accrediting organization provides guidance that differs from State requirements, UHCCP LA may apply the accrediting organization's guidance when it is beneficial and/or less restrictive to the member.²

B Pre-screen for PRTF

1 When a referring party requests PRTF for a member, UHCCP LA performs an initial screen upon receipt of referral including review of records and current clinical information to determine whether PRTF is an appropriate level of care, or if alternate community-based services could meet the referral needs. The screen is completed within 24 hours of the receipt of the referral and all clinical information needed and requested by UHCCP LA to make the determination.

2 Upon completion of the screen, if the PRTF is approved, UHCCP LA immediately notifies the member and/or guardian and, with consent, the referring party requesting PRTF services and

¹ Except where noted, policy provisions are from Attachment A of the eContract.

² UHCCP LA Standard

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within 48 hours, provides written notification of approval. UHCCP LA also then generates a Prior Authorization for each PRTF admission within 48 hours of completion of the screen. In consultation with the member's guardian and referring party, UHCCP LA locates a PRTF provider appropriate to meet the member's needs with availability to admit the member. Given the need to locate an appropriate PRTF provider with bed availability in a timely manner, UHCCP LA maintains near real time bed utilization/availability for network PRTFs and out-of-network replacements. When the initial screen results in a determination the member is in need of PRTF care, UHCCP LA secures admission to an appropriate PRTF for the member within the timeframe state in Attachment F, *Provider Network Standards*, in compliance with access and availability standards for this level of care.

- 3 If PRTF placement is denied, UHCCP LA immediately notifies the member and/or guardian and, with consent, the referring party requesting PRTF services and, within 48 hours, provides written notification of the denial. The notification of denial includes information on alternative services that may meet the member's needs to ensure health and safety, including information on available providers of those services, the right of the member to appeal the denial, and the process to do so.
- 4 For youth pending release from a secure setting for whom a PRTF is being requested, UHCCP LA is required to complete the screen prior to the youth's release if it is anticipated that the youth will be re-linked to UHCCP LA following release.

AC Certification of Need (CON) for PRTFs

- 1 ~~UnitedHealthcare Community Plan of Louisiana~~ (UHCCP LA) complies with the requirements set forth in the Code of Federal Regulations (CFR) at 42 C.F.R. Part 441, Subpart D.
- 2 UHCCP LA ensures Licensed Mental Health Professionals (LMHPs) are included in the team responsible for certification and recertification of PRTF services in Louisiana. This includes a face-to-face assessment by an LMHP or a telephonic/video consultation with an LMHP who has had a face-to-face interview with the child/youth, in addition to the recommendations of a team specified at 42 C.F.R. §441.156.
- 3 UHCCP LA may use an LMHP/team composed of UHCCP LA staff or may subcontract with an LMHP. To ensure the team has knowledge of the ambulatory resources available to the youth and the youth's situation, UHCCP-LA ensures that the team is assembled by a subcontract in the child's/youth's parish of residence or adjacent parish (if not in state custody) or the child's/youth's parish or adjacent parish of responsibility (if in state custody).
- 34 For youth pending release from a secure setting for whom a PRTF is being requested, UHCCP LA coordinates the completion of the CON prior to the youth's release if it is anticipated that the youth shall be re-linked to UHCCP LA following release.

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- 5 Recertification occurs every 60 calendar days. For the PRTF screens to be complete, the team meets and rules out other community based options. This does not apply to other inpatient screens.
- 6 In addition to the pre-screen and certifying the need, UHCCP LA:
 - a Is responsible for tracking the member's authorization period for PRTF stays and providing notification to the ~~responsible party~~authorized representative when a recertification is due.
 - b Ensures that PRTF certification, including the independent certification, is forwarded to the admitting facility.
 - i ~~Upon completion of the screen, if the PRTF is approved, within 48 hours, UHCCP LA notifies in writing the provider requesting the certification of the results, the member/guardian and, with member/guardian consent, the referring party requesting the PRTF services on behalf of the youth. If approved, UHCCP LA, in consultation with the member's guardian and referring party, locates a PRTF provider appropriate to meet the member's needs with availability to admit the member.~~
 - ii ~~If denied, UHCCP LA notifies the provider requesting the certification immediately and within 48 hours, provides written notification to the provider requesting the certification of the results, the member/guardian and, with member/guardian consent, the referring party requesting the PRTF services on behalf of the youth. The notification includes:~~
 - a. ~~Information on alternative community services that may meet the member's needs to ensure health and safety;~~
 - b. ~~Information on available providers of those services;~~
 - c. ~~The right of the member to appeal; and~~
 - d. ~~The process to appeal.~~
 - iii. ~~For youth pending release from a secure setting for whom a PRTF is being requested, UHCCP LA coordinates the completion of the screen and the CON prior to the youth's release if it is anticipated that the youth will be re-linked to UHCCP LA following release.~~
 - iv. ~~Generates a prior authorization for each PRTF admission within 48 hours of completion of the screen.~~
 - c Accurately determines admissions to and discharges from PRTFs and performs PRTF-specific eligibility functions.
 - d Works with the Medicaid Fiscal Intermediary to determine retroactive eligibility and assignment, when applicable.

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~~v. — Maintains near real time bed utilization/availability and manages a waiting list for PRTF placement including out-of-state replacements.~~

~~BD In Care Coordination, Continuity of Care, and Care Transition situations, UHCCP LA does not deny continuation of higher-level services (e.g., inpatient hospital or PRTF) for residential treatment (e.g., TGH or PRTF) for failure to meet medical necessity unless it can provide the service through an in-network or out-of-network provider for at a lower level of care.~~

~~C When an accrediting organization provides guidance that differs from State requirements, UHCCP LA may apply the accrediting organization's guidance when it is beneficial and/or less restrictive to the enrollee.³~~

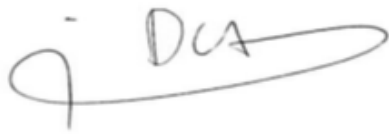
IV RELATED POLICIES AND MATERIALS:

- 42 C.F.R. Part 441, Subpart D
- 42 C.F.R. §441.156
- Medicaid Managed Care Organization Contract between State of Louisiana Department of Health, Bureau of Health Services Financing and UnitedHealthcare of Louisiana, Inc., Effective 01/01/2023.
- Optum BH Government ~~Program-National~~ Policy: Policy Definitions: Medicaid and CHIP Managed Care
- Optum BH Government ~~Program-National~~ Policy: Policy Definitions: Medicaid and CHIP Managed Care
- Procedural type documentation describing how the requirements outline within this policy are met as well as monitoring reports, analysis documentation, actions taken to demonstrate compliance, etc.
- ~~Louisiana Medicaid Managed Care Organization Statement of Work, 10/28/2019~~
- ~~UnitedHealthcare Community and State Standard Definitions.~~

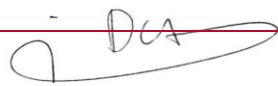
VI ~~X~~ APPROVED BY:

³ ~~UHCCHCP LA Standard~~

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12/12/2022



José Calderón-Abbo, M.D.

01/07/2022

Jose Calderon-Abbo, M.D.

UnitedHealthcare Community Plan Louisiana ____ Date
Behavioral Health Medical Director

VII Policy & P Revision Control Log

<u>Optum BH OPS</u> <u>Committee</u> <u>Approval</u> <u>Revision Date</u>	<u>Summary of Revision(s)</u> <u>(Bullets what has changed, Include Page #)</u>	<u>Reason(s) for</u> <u>Revision</u>
01/22/2020	Policy created – SUBJECT TO STATE APPROVAL	
02/26/2020	State approval received 02/07/2020. Subject to state approval tag removed.	<u>Mid-term Review</u>
<u>01/27/2021</u>	<u>Reference to Contract added</u>	<u>Annual Review</u>
<u>01/26/2022</u>	<u>Annual review, no changes</u>	<u>Annual Review</u>

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<u>Optum BH OPS Committee Approval Revision Date</u>	Summary of Revision(s) (Bullets what has changed, Include Page #)	<u>Reason(s) for Revision</u>
<u>12/20/2022</u>	<u>Updated for new contract requirements effective 01/01/2023. Customer approval received 12/19/2022.</u>	<u>Annual Review</u>